



IDAHO DEPARTMENT OF HEALTH & WELFARE

Adult Developmental Disability – Idaho Medicaid

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
ADULT DD WAIVER				
A0080		Non-Medical Transportation		
		Provided by an Agency	1 Mile	\$.44
		Provided by an Individual	1 Mile	\$.10
E1399		Specialized Medical Equipment (75% of manufacturer's suggested retail price)		Manual Price
H2015		Individual Supported Living	15 Mins	\$5.69
H2015	HQ	Group Supported Living	15 Mins	\$2.28
H2016		Daily Supported Living Services-Intense Support <i>School Based, School Days</i>	1 Day	\$360.21
H2016		Daily Supported Living Services-Intense Support	1 Day	\$455.02
H2016		Daily Supported Living Services-High Support <i>School Based, School Days</i>	1 Day	\$216.23
H2022		Daily Supported Living Services-High Support	1 Day	\$273.13
H2019		Behavioral Consultation by a QIDP/Clinician	15 Mins	\$6.42
H2019		Behavioral Consultation by a Psychiatrist	15 Mins	\$10.02
H2019	HM	Behavioral Consultation Emergency Intervention Technician	15 Mins	\$2.90
H2023		Supported Employment	15 Mins	\$5.25
S5100		Adult Day Health	15 Mins	\$1.50
S5121		Chore Services (Skilled)		Manual Price
S5140		Residential Habilitation-CFH	1 Day	\$53.39
S5160		Personal Emergency Response System -Landline Install and First Month's Rent	1 Time <i>Only</i>	\$56.89
S5161		Personal Emergency Response System -Landline Monthly Rent	1 Month	\$33.83
S5165		Environmental Accessibility Adaptations		Manual Price
S5170		Home Delivered Meals	1 Meal	\$5.23

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
S9125		Respite Care Daily	1 Day	\$53.39
T1000		Skilled Nursing Services-Independent RN	15 Mins	\$6.12
T1000	TE	Skilled Nursing Services-Agency LPN	15 Mins	\$5.20
T1000	TD	Skilled Nursing Services-Agency RN	15 Mins	\$7.65
T1001		Nursing Oversight Services-LPN	1 Visit	\$35.59
T1001	TD	Nursing Oversight Services-Agency RN	1 Visit	\$44.49
T1001	TD	Nursing Oversight Services-Independent RN	1 Visit	\$35.59
T1005		Respite Care	15 Mins	\$2.12

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
ADULT STATE PLAN HCBS				
97537		Home/Community Individual and/or Group Developmental Therapy for Adults	15 Mins	\$3.34
H2000		Developmental Therapy Evaluation	15 Mins	\$4.53
H2011		Community Crisis Supports	15 Mins	\$11.35
H2032		Center Based Individual and/or Group Developmental Therapy for Adults	15 Mins	\$3.02
T1013		Interpretive Services-oral	15 Mins	\$3.04
T1013	CG	Interpretive Services-sign language	15 Mins	\$12.50

If you have any questions regarding these rates please contact Lourie Neal, Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1162.

Thank you for your continued participation in the Idaho Medicaid Program.